POLICIES & PROGRAMS – SIDEBAR

The Fourth Trimester: Promising Possibilities through Postpartum Medicaid Coverage Expansion

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North Carolina extended postpartum Medicaid to include coverage for 12 months after delivery in 2022. Continued access to insurance coverage in this critical period should facilitate benefits in mental and physical health, care for chronic disease, access to contraception, and potentially reduce maternal mortality.

Nearly half of pregnant persons in the United States receive Medicaid coverage during pregnancy and delivery [1]. Eligibility for pregnancy-related Medicaid typically ends 60 days after delivery. Prior to the introduction of extended postpartum coverage, Medicaid recipients frequently were uninsured only a few months after delivery, especially in states like North Carolina that did not expand Medicaid under the Affordable Care Act (ACA) [2]. As part of the American Rescue Plan Act of 2021, states had the option of extending Medicaid coverage to 12 months postpartum [3]. North Carolina is 1 of 23 states that extended postpartum Medicaid coverage to one year and 13 additional states plan to implement a 12-month or limited-coverage extension [4]. Extended postpartum coverage improves continuity following pregnancy as one critical step toward addressing unacceptably high rates of, and racial/ethnic disparities in, maternal morbidity and mortality [1, 4, 5].

Medicaid—a jointly financed state and federal program—provides essential care for low-income individuals who often lack alternative coverage options [6]. Until 2021, the federal Medicaid standard provided 60 days of postpartum coverage. Birthing people thus often lost coverage in a time frame during which they still had significant mental and physical health needs. More than half of pregnancy-related deaths occur after delivery, with 11.7% reported between six weeks and one year postpartum, after pregnancy-related Medicaid coverage ends [7]. Many cardiopulmonary, mental health, and behavioral complications may not develop until weeks or months after delivery [8–10]. Systems supporting a continuum of ongoing care in this "fourth trimester" offer significant advantages over clustering care within a single postpartum visit [11]. Historically, pregnancy Medicaid has not provided adequate clinical or financial support in the postpartum period; almost half of Medicaid recipients did not attend even a single postpartum visit with 60-day coverage, and nearly 70% of postpartum spending occurs after 60 days from delivery [11, 12].

Medicaid expansion—both full expansion through the ACA and postpartum extension—improves access to care. Prior studies demonstrate decreased uninsurance rates and insurance churn postpartum, reduced maternal and infant mortality, and improved chronic disease management when Medicaid is offered to more and extended 12 months postpartum [5, 8, 13–20]. Importantly, those at highest risk of adverse outcomes may have the greatest benefits. Medicaid expansion under the ACA was significantly associated with lower maternal mortality com-

pared to rates in non-expansion states, with 7.01 fewer maternal deaths per 100,000 live births in those states that expanded Medicaid [20]. The decrease in mortality was concentrated among non-Hispanic Black patients, suggesting possible reduction in racial/ethnic disparities. Moreover, postpartum individuals with significant pregnancy-related morbidity had higher rates of increased postpartum insurance coverage and outpatient care utilization following implementation of ACA Medicaid expansion [14]. While postpartum extension is a different policy mechanism, continuity of Medicaid coverage improves access to health services to optimize chronic disease management and reduce the burden of late morbidity and mortality following pregnancy.

Continued access is also critical for mental health and contraceptive care. Perinatal mood disorders confer short- and long-term health risk for women and their children, and suicide is a leading cause of maternal death in the United States [6, 11, 21, 22]. ACA Medicaid expansion was associated with increased utilization of mental health resources and a reduction in postpartum depressive symptoms [5, 17, 19]. Extensions in postpartum Medicaid also led to increased availability of substance use disorder resources [5, 16, 19]. Postpartum Medicaid extension improves access to contraceptive services, translating into decreased rates of unintended pregnancy and short interpregnancy intervals, which has important implications for maternal interpregnancy health optimization and preterm birth prevention [19, 23–26]. Logistically, continuous insurance coverage postpartum enables patients to utilize contraceptive methods—such as intrauterine devices and implants—that often require more than one visit. As a result, Medicaid expansion has been associated with an increase in postpartum long-acting reversible contraceptive use and a decrease in short-acting contraceptive use [25]. The increased use of high-efficacy contraceptive methods leads to fewer unintended pregnancies and also lengthens interpregnancy interval, improving maternal and infant outcomes with subsequent pregnancies.

Despite the promise of postpartum Medicaid extension, gaps will remain. Access to postpartum Medicaid coverage depends on state-specific eligibility criteria, such as income and immigration status. For example, unauthorized immigrants in North Carolina have access only to delivery coverage through Emergency Medicaid, and so will not share the benefits of extended postpartum care. Moreover, Medicaid coverage will not help those unable to find a provider, such as those living in the 18% of North Carolina counties that are maternity-care deserts [27].

Finally, though as of August 22, 2022, abortion is legal in North Carolina up to 20 weeks of gestation, access to abortion in the state faces an imminent threat, with legislative leaders declaring an intent to restrict abortion and the governor and attorney general pledging to protect abortion access [28–30]. Following the overturn of *Roe v Wade* by the Supreme Court of the United States in June 2022, by August 12, 2022, nine states have total abortion bans and five states ban abortion after six weeks of gestation, before many people realize they are pregnant [31]. New severe restrictions are projected to have a profoundly negative impact on maternal mortality and health disparities [32–34]. In addition to the status quo of abortion restrictions in North Carolina, the federal Hyde Amendment restricts and severely limits Medicaid coverage for abortion and costs are a significant barrier for many patients [35]. More than ever, Medicaid recipients need access to unimpeded comprehensive reproductive health care.

Postpartum Medicaid extension is one good tool add-

ing to a comprehensive approach to maternal mortality. Outcomes-based data from states that extend postpartum Medicaid will help quantify the magnitude of benefits of the program, especially regarding morbidity and mortality. Research should include evaluation of programs and services that help patients find providers to get the care they need. Together, these data can help us promote prenatal and postpartum health, decrease maternal mortality, and improve the care we provide. NCMJ

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